STATE OF WISCONSIN DEPARTMENT OF ADMINISTRATION DIVISION OF FACILITIES DEVELOPMENT DOA-3024A (R10/2012) S. 16.765, WIS. STATS., ADM 50



Mailing Address: P. O. Box 7866, Madison, WI 53707-7866 Street Address: 101 E. Wilson Street, 7th Floor, Madison, WI 53703

PHONE: 608 / 266-2731; FAX: 608 / 267-2710

http://www.doa.state.wi.us/dfd

Request for Exemption from Submitting Affirmative Action Plan Wisconsin Office of Contract Compliance

Instructions to Contractor: By satisfying one of the conditions below, the contractor may request an exemption from submitting an Affirmative Action Plan. Complete this form and return it to the Division of Facilities Development within fifteen (15) working days of the award date of the contract. Unless the contractor is notified otherwise by the Division of Facilities Development, the contractor may assume that the exemption is approved.

*The State of Wisconsin may use the **Social Security Number (SS#)** or **Federal Employer Identification Number (FEIN#)** indicated on this form to identify your organization in the state's "*Wisconsin Office of Contract Compliance Directory*". This directory is located on an Internet site that is available to State of Wisconsin purchasing offices. We are requesting your approval to include your organization, with the FEIN or SS# federal numbers on this site. Without this approval, each state agency contracting with you for more than \$25,000 (\$30,000 if a construction project) must request contract compliance information from you.

Please check one: Yes No	i project) mast re	squest contract compliance	e information from you.
Contractor Name		*Federal Employer Identification Number	
Address (Street)		*Social Security Number (use only if you have no employees)	
(P.O. Box)		Contact Name	Contact Phone (Voice)
(City - State - Zip)		Contact Title	Fax
			()
Commodity		E-mail	
Total Contract Amount	Award Date		Contract or Project Number (if applicable)
\$			
employees, and the contract calls a foreign company with a wolls an agency of the Federal Gollhars achieved a balanced work Page 2) supporting labor marke Employment Opportunity Policy Has undergone an audit of its A Compliance (OFCC) and has recontractor's Affirmative Action at III. We have posted the notice(s) explaining	an be completed with force in the Urby force. Contracto the information if reconstruction of the contractor of the contr	without supplementing sa nited States of less than the sconsin municipality. For must submit 1) a complete questing an exemption be Program within the last yelf compliance. (Contractoryment Opportunity Policy contract compliance lav	eted Work Force Analysis Form (DOA-3022A), based on this reason and 3) an Equal rear by the Office of Federal Contract r must attach a copy of its OFCC letter and the Statement.) W. Yes No
Chief Executive Officer Signature		Da	ite (mm/dd/ccyy)
Printed Name		Titl	le
Witness Signature		Da	ite (mm/dd/ccyy)
Printed Name			e

This form can be made available in alternate formats to individuals with disabilities upon request. Please call the Wisconsin Office of Contract Compliance (WOCC) at (608) 266-5462 (voice) or (608) 267-9629 (TTY), or write to WOCC at 101 East Wilson Street, 6th Floor, P. O. Box 7867, Madison, Wisconsin 53707-7867.